

PALMER CENTER

3023 SOUTH 84TH STREET

WEST ALLIS 53227

Phone: (414) 607-4100

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 10

Total Licensed Bed Capacity (12/31/02): 20

Number of Residents on 12/31/02: 6

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

No

Yes

9

Services Provided to Non-Residents			Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
			Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		100.0
Home Health Care	No						1 - 4 Years		0.0
Supp. Home Care-Personal Care	No						More Than 4 Years		0.0
Supp. Home Care-Household Services	No		Developmental Disabilities	0.0	Under 65	16.7			0.0
Day Services	No		Mental Illness (Org./Psy)	0.0	65 - 74	33.3			0.0
Respite Care	No		Mental Illness (Other)	0.0	75 - 84	33.3			100.0
Adult Day Care	No		Alcohol & Other Drug Abuse	0.0	85 - 94	16.7			0.0
Adult Day Health Care	No		Para-, Quadra-, Hemiplegic	0.0	95 & Over	0.0			0.0
Congregate Meals	No		Cancer	0.0					0.0
Home Delivered Meals	No		Fractures	0.0		100.0			0.0
Other Meals	No		Cardiovascular	0.0	65 & Over	83.3			0.0
Transportation	No		Cerebrovascular	0.0					0.0
Referral Service	No		Diabetes	0.0	Sex	%			0.0
Other Services	No		Respiratory	100.0					0.0
Provide Day Programming for			Other Medical Conditions	0.0	Male	100.0			0.0
Mentally Ill	No				Female	0.0			0.0
Provide Day Programming for				100.0					0.0
Developmentally Disabled	No					100.0			0.0

Method of Reimbursement

Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	6	100.0	350	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	100.0
Total	0	0.0		6	100.0		0	0.0		0	0.0		0	0.0		0	0.0		6	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02							

Percent Admissions from:		Activities of		% Needing Assistance of		% Totally		Total	
		Independent		One Or Two Staff		Dependent		Number of Residents	
Private Home/No Home Health	0.0	Daily Living (ADL)	0.0	0.0	100.0	100.0	6		
Private Home/With Home Health	0.0	Bathing	0.0	0.0	100.0	100.0	6		
Other Nursing Homes	4.0	Dressing	0.0	0.0	100.0	100.0	6		
Acute Care Hospitals	96.0	Transferring	0.0	0.0	100.0	100.0	6		
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	0.0	0.0	100.0	100.0	6		
Rehabilitation Hospitals	0.0	Eating	0.0	16.7	83.3	6			
Other Locations	0.0	*****							
Total Number of Admissions	25	Continence	% Special Treatments						
Percent Discharges To:		Indwelling Or External Catheter	100.0	Receiving Respiratory Care			100.0		
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	16.7	Receiving Tracheostomy Care			100.0		
Private Home/With Home Health	12.0	Occ/Freq. Incontinent of Bowel	100.0	Receiving Suctioning			100.0		
Other Nursing Homes	4.0			Receiving Ostomy Care			0.0		
Acute Care Hospitals	56.0	Mobility		Receiving Tube Feeding			100.0		
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0	Receiving Mechanically Altered Diets			16.7		
Rehabilitation Hospitals	0.0								
Other Locations	0.0	Skin Care		Other Resident Characteristics					
Deaths	28.0	With Pressure Sores	66.7	Have Advance Directives			83.3		
Total Number of Discharges		With Rashes	0.0	Medications					
(Including Deaths)	25			Receiving Psychoactive Drugs			16.7		

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities									

	This Facility	Ownership:		Bed Size:		Licensure:		All	
	%	Peer Group	Ratio	Peer Group	Ratio	Peer Group	Ratio	%	Ratio
		%		%		%		%	
Occupancy Rate: Average Daily Census/Licensed Beds	45.0	85.6	0.53	71.9	0.63	84.2	0.53	85.1	0.53
Current Residents from In-County	66.7	88.1	0.76	77.5	0.86	85.3	0.78	76.6	0.87
Admissions from In-County, Still Residing	16.0	23.6	0.68	30.6	0.52	21.0	0.76	20.3	0.79
Admissions/Average Daily Census	277.8	134.2	2.07	106.0	2.62	153.9	1.80	133.4	2.08
Discharges/Average Daily Census	277.8	140.2	1.98	100.7	2.76	156.0	1.78	135.3	2.05
Discharges To Private Residence/Average Daily Census	33.3	46.8	0.71	15.9	2.10	56.3	0.59	56.6	0.59
Residents Receiving Skilled Care	0.0	90.1	0.00	69.5	0.00	91.6	0.00	86.3	0.00
Residents Aged 65 and Older	83.3	96.3	0.87	90.1	0.93	91.5	0.91	87.7	0.95
Title 19 (Medicaid) Funded Residents	100	52.8	1.89	60.3	1.66	60.8	1.64	67.5	1.48
Private Pay Funded Residents	0.0	34.8	0.00	37.1	0.00	23.4	0.00	21.0	0.00
Developmentally Disabled Residents	0.0	0.6	0.00	0.0	.	0.8	0.00	7.1	0.00
Mentally Ill Residents	0.0	35.2	0.00	41.1	0.00	32.8	0.00	33.3	0.00
General Medical Service Residents	0.0	23.7	0.00	19.9	0.00	23.3	0.00	20.5	0.00
Impaired ADL (Mean)	90.0	50.5	1.78	48.7	1.85	51.0	1.76	49.3	1.83
Psychological Problems	16.7	54.7	0.30	56.3	0.30	53.9	0.31	54.0	0.31
Nursing Care Required (Mean)	60.4	7.2	8.39	6.7	9.01	7.2	8.40	7.2	8.39